

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000984200001
AMENDMENT NO. 2**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("DSHS" or "System Agency") and **TEXAS JUVENILE JUSTICE DEPARTMENT** ("Grantee"), each a "Party" and together the "Parties" to that certain grant contract for the Stronger Than Yesterday Program contract effective April 5, 2021 and denominated **DSHS CONTRACT NO. HHS000984200001** (the "Contract"), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to extend the Contract duration to align with the fiscal year; and

WHEREAS, the Parties desire to add funds for FY2024 services and update the Statement of Work for FY2024 reporting.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. SECTION III, DURATION, of the Contract is revised and restated as the following:

The Contract is effective on April 5, 2021 and terminates on August 31, 2024, unless terminated earlier pursuant to the terms and conditions of the Contract. There are no renewals remaining under this Contract.

2. SECTION IV, BUDGET. of the Contract is amended to add \$20,000.00 in federal funds to the Contract for services provided from September 1, 2023, to August 31, 2024 ("FY2024"). The resulting total Contract value is not to exceed **\$60,000.00**. All expenditures incurred during FY2024 must in accordance with **ATTACHMENT B-2, FY2024 BUDGET**.

3. SECTION IX, ADDITIONAL GRANT INFORMATION, of the Contract is revised and restated as follows:

GRANTEE'S UNIQUE ENTITY IDENTIFIER IS: 36446446449

Federal funding under this Grant Agreement is a subaward under the following federal award(s).

Federal Award Identification Number (FAIN): B04MC33869

A. Assistance Listings Title, Number, and Dollar Amount:

- Maternal and Child Health Services Block Grant - 93.994 - \$8,874,933.00

B. Federal Award Date: 07/06/2020

C. Federal Award Period: 10/01/2019 – 09/30/2021

D. Name of Federal Awarding Agency: U.S Department of Health and Human Services
Health Resources and Services Administration

E. Federal Award Project Description: Maternal and Child Health Services

F. Awarding Official Contact Information: Lynda Marquardt at lmarquardt@hrsa.gov

G. Total Amount of Federal Funds Awarded to System Agency: \$8,874,933.00

- H. Amount of Funds Awarded to Grantee: \$20,000.00
- I. Identification of Whether the Award is for Research and Development: No
- J. Indirect Cost Rate: N/A

Federal Award Identification Number (FAIN): B0445246


- A. Assistance Listings Title, Number, and Dollar Amount:
 - Maternal and Child Health Services Block Grant to the States – 93.994 – \$6,312,639.00
- B. Federal Award Date: 10/18/2021
- C. Federal Award Period: 10/01/2021 – 09/30/2023
- D. Name of Federal Awarding Agency: U.S Department of Health and Human Services
Health Resources and Services Administration
- E. Federal Award Project Description: Maternal and Child Health Services
- F. Awarding Official Contact Information: Crystal Howard at choward@hrsa.gov
- G. Total Amount of Federal Funds Awarded to System Agency: \$6,312,639.00
- H. Amount of Funds Awarded to Grantee: \$40,000.00
- I. Identification of Whether the Award is for Research and Development: No
- J. Indirect Cost Rate: N/A

- 4. **ATTACHMENT A-1, FY2024 STATEMENT OF WORK**, is attached to this Amendment and incorporated into the Contract for all purposes.
- 5. **ATTACHMENT B-2, FY2024 BUDGET**, is attached to this Amendment and incorporated into the Contract for all purposes.
- 6. **ATTACHMENT F, FFATA CERTIFICATION FORM**, is attached to this Amendment and incorporated into the Contract for all purposes.
- 7. This Amendment shall be effective August 31, 2023, if both Parties have signed below before then.
- 8. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, will remain in full force and effect.
- 9. Any further revisions to the Contract shall be by written agreement of the Parties.
- 10. Each Party represents and warrants that the person executing this Amendment No. 2 on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 2
DSHS CONTRACT NO. HHS000984200001

**DEPARTMENT OF STATE HEALTH
SERVICES**

DocuSigned by:

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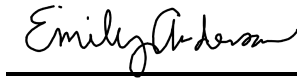
Signature

Printed Name: Manda Hall, M.D

Title: Associate Commissioner, Community Health Improvement

Date of Signature: June 23, 2023

TEXAS JUVENILE JUSTICE DEPARTMENT



Signature

Printed Name: Emily Anderson

Title: Deputy Executive Director:
Support Operation Finance

Date of Signature: 6/22/23

Attachment A-1

FY2024 Statement of Work

I. Purpose

During the FY2024 Contract period (September 1, 2023, through August 31, 2024), the Performing Agency will collaborate with System Agency in the implementation of Stronger Than Yesterday (STY), a physical activity and recreation program. The program includes physical activities, team-building activities, regulation games, and support groups.

II. Grantee's Responsibilities

- A. Grantee shall purchase items needed, as directed by DSHS, to operate a well-rounded exercise program for STY. A well-rounded exercise program includes a variety of physical activities, support groups, regulation games, team-building activities, and therapeutic recreation.
- B. Grantee shall provide and support strategies to increase quality physical activity opportunities to all youth in Texas Juvenile Justice Department (TJJD) residential facilities.
- C. Grantee shall provide youth with support to gain social and emotional skills necessary for life including, but not limited to: communication, teamwork, talking through difficult situations, problem solving, and stress management.
- D. Grantee shall assist youth with team-building activities.
- E. Grantee shall evaluate the success of the program by:
 - 1. Tracking and reporting Major Rule Violations, as defined by TJJD, per facility;
 - 2. Tracking and reporting youth participation in recreational activities;
 - 3. Tracking and reporting the number of TJJD staff who are trained in active listening model techniques.
 - 4. Tracking and reporting recreational activities using an active listening model (an experiential learning model that engages participants actively by thinking, feeling, and doing; reinforcing valuable skills such as problem solving, communication, trust, and leadership); and,
 - 5. Using System Agency approved pre- and post-surveys to measure the impact of recreational activities that use the active listening model on youth and TJJD staff.
- F. Grantee shall implement the following contingency plan when recreational activities are impacted by the COVID-19 pandemic.
 - 1. Host weekly in person small group or "pod" activities to support youth mental health.
 - 2. Use funds for supplies or equipment to prioritize mental health regulation. The mental health sensory and calming items include, but are not limited to:
 - a. Weighted blankets;
 - b. Stuffed animals;
 - c. Calming toys, such as textured stress balls;
 - d. Fidget tools, such as fidgeting fleece bags; and,
 - e. Activity kits for calming rooms, education spaces, and deregulation safety zones.
 - 3. Tracking and reporting the number of lessons, activities, and participants on the following topics:

- a. Self-regulation;
- b. “Felt Safety” approach based on TJJD’s Trust-based Relational Intervention model;
- c. Positive Youth Development elements;
- d. Injury prevention education;
- e. Energy-balance education (e.g., balanced nutrition and physical activity);
- f. Weight status and BMI; and,
- g. Prevention.

III. Performance Measures

- A. System Agency will monitor the Grantee’s performance of the FY2024 Statement of Work requirements and for compliance with the Contract terms and conditions.
- B. Grantee shall complete and submit Progress Report twice per year in accordance with the timeline and due dates in Table 1: Progress Reports. Grantee shall submit all reports to CDSB@dshs.texas.gov and CAHG@dshs.texas.gov.
 1. Each Progress Report must include:
 - a. Number of Major Rule Violations (as defined by TJJD) per facility;
 - b. Number of youth participating in recreational activities;
 - c. Number of days and length of time youth had recreational activities;
 - d. Number of TJJD recreational events, such as team building, and youth group meetings held and include participant numbers for each event per facility;
 - e. Number of TJJD staff who received active listening training; and
 - f. Track the impact of recreational activities using the active listening model in both youth and TJJD staff.

Table 1: Progress Reports (September 1, 2023 – August 31, 2024)		
No.	Period Covered	
1	September 1, 2023 – February 29, 2024	March 31, 2024
2	March 1, 2024 – August 31, 2024	September 30, 2024

- C. Grantee shall submit additional reports as requested and directed by System Agency.
- D. Grantee shall submit Financial Status Report (FSR) to cdsb@dshs.texas.gov and FSRGrants@dshs.texas.gov twice per year in accordance with the time intervals outline and by the due dates stated in Table 2: FSR Reports.

Table 2: FSR Reports (September 1, 2023 – August 31, 2024)	
FSR Time Period	Due Date
September 1, 2023 – February 29, 2024	March 31, 2024
March 1, 2024 – August 31, 2024	September 30, 2024

IV. Invoice and Payment

- A. Grantee shall request monthly payments using the State of Texas Purchase Voucher (“Form B-13”). Form B-13 and any supporting documentation must be submitted by mail or email. Form B-13 must be submitted even if there are zero expenditures.
 1. If by email, Grantee shall submit to invoices@dshs.texas.gov, CMSinvoices@dshs.texas.gov, and tray.kirkpatrick@dshs.texas.gov simultaneously.

2. If by mail, Grantee shall submit to:
Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
Austin, TX 78714

- B. Grantee will be paid on a monthly cost reimbursement basis and in accordance with the budget under this Contract.
- C. Grantee shall submit final Form B-13 and supporting documentation for the fiscal year no later than 30 calendar days from the end of fiscal year. Any Form B-13 or supporting documentation that is submitted more than 30 calendar days from the end of the fiscal year will not be reimbursed by DSHS.

(Remainder of page left blank intentionally)

**ATTACHMENT B-2
FY2024 BUDGET**

BUDGET PERIOD: SEPTEMBER 1, 2023 THROUGH AUGUST 31, 2024

CATEGORY	AMOUNT
Personnel	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$20,000.00
Contractual	\$0.00
Other	\$0.00
Total Direct Costs	\$20,000.00
Total Indirect Costs	\$0.00
TOTAL	\$20,000.00

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? ☐ Yes ☒ No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? ☐ Yes ☒ No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? ☒ Yes ☐ No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? ☐ Yes ☐ No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here:

Certificate Of Completion

Envelope Id: AAF7818FA37740608889B13AD00673CC

Status: Completed

Subject: HHS000984200001 FY24 STY TJJD Amendment 02.pdf

Source Envelope:

Document Pages: 9

Signatures: 1

Envelope Originator:

Certificate Pages: 2

Initials: 0

CMS Internal Routing Mailbox

AutoNav: Enabled

11493 Sunset Hills Road

Envelopeld Stamping: Enabled

#100

Time Zone: (UTC-06:00) Central Time (US & Canada)

Reston, VA 20190

CMS.InternalRouting@dshs.texas.gov

IP Address: 160.42.88.121

Record Tracking

Status: Original

Holder: CMS Internal Routing Mailbox

Location: DocuSign

6/23/2023 9:44:56 AM

CMS.InternalRouting@dshs.texas.gov

Signer Events**Signature****Timestamp**

Susana Garcia

Completed

Sent: 6/23/2023 9:47:50 AM

Susana.Garcia@dshs.texas.gov

Viewed: 6/23/2023 10:47:09 AM

CTCM, Unit Director

Signed: 6/23/2023 12:43:42 PM

DSHS

Using IP Address: 167.137.1.12

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Patricia Melchior

Completed

Sent: 6/23/2023 12:43:43 PM

Patty.Melchior@dshs.texas.gov

Viewed: 6/23/2023 1:51:29 PM

Director, DSHS CMS

Signed: 6/23/2023 1:51:37 PM

Security Level: Email, Account Authentication
(None)

Using IP Address: 167.137.1.7

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Manda Hall, M.D

DocuSigned by:

202CEA5A9C164E2...

Sent: 6/23/2023 1:51:39 PM

manda.hall@dshs.texas.gov

Viewed: 6/23/2023 2:56:35 PM

Associate Commissioner, Community Health

Signed: 6/23/2023 2:56:59 PM

Improvement

Signature Adoption: Pre-selected Style

Texas Health and Human Services Commission

Using IP Address: 167.137.1.16

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Carbon Copy Events	Status	Timestamp
Tray Kirkpatrick Tray.kirkpatrick@dshs.texas.gov Contract Manager Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/23/2023 2:57:00 PM Viewed: 6/23/2023 3:08:41 PM
CMS Internal Routing Mailbox cms.internalrouting@dshs.texas.gov DSHS Contract Management Section Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/23/2023 2:57:01 PM Resent: 6/23/2023 2:57:03 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/23/2023 9:47:50 AM
Certified Delivered	Security Checked	6/23/2023 2:56:35 PM
Signing Complete	Security Checked	6/23/2023 2:56:59 PM
Completed	Security Checked	6/23/2023 2:57:01 PM
Payment Events	Status	Timestamps